

**VERIFICATION SUMMARY REPORT  
SCHOOL YEAR 2002-2003**

School Food Authority:		Agreement Number:	
Address:	City/State:	Zip Code:	
Verification Official's Name:			
Title:	Telephone: (        )		
1. Date Verification Completed:			
2. Number of Applications (NOT CHILDREN) approved as of October 31, 2002: If you were involved in Direct Certification, do not include those children.			
3. Method of Selection and Number Verified: (Check the boxes only for the method(s) used and enter the requested data only for the method(s) used.)			
<input type="checkbox"/> a. <b>Focused:</b> - Number of non-food stamp/non-TANF applications verified: _____ - Number of food stamp/TANF applications approved by 10/31: _____ - Number of food stamp/TANF applications verified: _____			
<input type="checkbox"/> b. <b>Random:</b> - Number of applications verified: _____			
<input type="checkbox"/> c. <b>100%:</b> - Number of applications verified: _____			
<input type="checkbox"/> d. <b>Other</b> (Describe) _____:    - Number of applications verified: _____			
4. Method of Income Confirmation Used: (Check the box next to each method used.)			
<input type="checkbox"/> a. <b>Written Evidence</b> (Received directly from the household, including food stamp documentation.)			
<input type="checkbox"/> b. <b>Agency Records</b> (Received from food stamp office or other government agency.)			
<input type="checkbox"/> c. <b>Collateral Contacts</b> (Received verbally from sources other than the household or government agencies.)			
5. <b>Verification Results:</b> Indicate the number of applications in each of the following categories. (Total should equal number of applications verified.)			
	# No Changes		# Changed from Free to Paid
	# Changed from Free to Reduced		# Changed from Reduced to Paid
	# Changed from Reduced to Free		
6. <b>Documentation:</b> School Food Authorities must maintain records that document the reasons for any changes in household benefits as a result of verification. Indicate where such records are maintained:			
<input type="checkbox"/> a. Attached to Summary <input type="checkbox"/> b. Records on/Attached to Individual Applications <input type="checkbox"/> c. Other (Describe) _____			
<b>CERTIFICATION:</b> This is to certify that income verification in regard to free and reduced price school meal applications has been completed as indicated above.			
<div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>Title _____</span> <span>Date _____</span> </div>			

**DO NOT MAIL THIS FORM TO THE STATE AGENCY. KEEP ON FILE AT YOUR SCHOOL OFFICE.**